

EXHIBIT G

THE LAW OFFICES OF ROBERT G. ANDROSIGLIO, P.C.
30 Wall Street, 8th Floor, New York, New York 10005
(212) 742-0001 – Fax (212) 742-0005

Consent to Release of Information

Full Name: *

Lisa Mary Nolasco

Do you allow the Movement to release personally identifiable information to news and media outlets so that they may contact you? *

☒ Yes, I affirm consent to release my personal and contact information to News/Media Outlets

☐ No, I decline consent to release my personal and contact information to News/Media Outlets

Do you allow the Movement to use your story in its advocacy efforts? *

☒ Yes, I affirm my consent for the Movement to use my story

☐ No, I decline my consent for the Movement to use my story

Do you give the Movement consent to advocate on your behalf? *

☒ Yes, I affirm my consent for the Movement to advocate on my behalf

☐ No, I decline my consent for the Movement to advocate on my behalf

While we will always strive to achieve your desired outcome, the Movement cannot guarantee it. *

☒ I understand

2 OF 3

Upload the front and back of your state or federal ID to verify your e-signature. *

 ID PIC - Lisa Nolas...

By selecting this box you are providing an electronic signature. *

☒ I understand I am providing my e-signature

This content is neither created nor endorsed by Google.


Google Forms

Movement to advocate on my
behalf

While we will always strive to
achieve your desired outcome,
the Movement cannot guarantee
it. *

☒ I understand

Upload the front and back of your
state or federal ID to verify your
e-signature. *

 ID PIC - Lisa Nolas.

By selecting this box you are
providing an electronic signature.
*

☒ I understand I am providing my e-
signature

SIGNATURE TO: BY: 1/2/20

Consent to Release of Information

* Required

1. Full Name: *
2. Do you allow the Movement to release personally identifiable information to news and media outlets so that they may contact you? *
Mark only one oval.

☐ Yes, I affirm consent to release my personal and contact information to News/Media Outlets

☐ No, I decline consent to release my personal and contact information to News/Media Outlets
3. Do you allow the Movement to use your story in its advocacy efforts? *
Mark only one oval.

☐ Yes, I affirm my consent for the Movement to use my story

☐ No, I decline my consent for the Movement to use my story
4. Do you give the Movement consent to advocate on your behalf? *
Mark only one oval.

☐ Yes, I affirm my consent for the Movement to advocate on my behalf

☐ No, I decline my consent for the Movement to advocate on my behalf
5. While we will always strive to achieve your desired outcome, the Movement cannot guarantee it. *
Mark only one oval.

☐ I understand
6. Upload the front and back of your state or federal ID to verify your e-signature. *
Files submitted:
7. By selecting this box you are providing an electronic signature. *
Mark only one oval.

☐ I understand I am providing my e-signature